

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/31/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967693	(X3) DATE SURVEY COMPLETED 10/08/2013
NAME OF PROVIDER OR SUPPLIER Southern Comfort Inn Acr	STREET ADDRESS, CITY, STATE, ZIP CODE 2409 West Ravine Drive Ruskin, FL 33570	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0120-Fiscal - Financial Stability-10/08/2013

Revisit New Tags:

0004-Licensure - Requirements-58a-5.016 Fac
0007-Admissions - Criteria-58a-5.0181(1) Fac
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac
0152-Physical Plant - Safe Living Environ/other-58a-5.023(3) Fac

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A revisit was conducted on

The Southern Comfort Inn, assisted living facility, had deficiencies at the time of the visit.

0004-Licensure - Requirements 58A-5.016 FAC

Based on observation, interview and record review, the facility failed to obtain agency approval prior to using previously unlicensed space to house one of five sampled residents (Resident #5).

Findings include:

During a visit to the facility on , the surveyor observed Resident #5 in his the facility at approximately 11:12 AM. The surveyor noted that Resident #5's outside of the assisted living facility (ALF) portion of the facility in a to the pool, separate from the ALF building.

On that same date at approximately 11:30 AM, Employee A stated that Resident #5 was a resident of the ALF and provided his resident record and his medication observation record to the surveyor.

On that same date at approximately 4:15 PM, the surveyor reviewed the initial licensure floor plan and supporting documentation for the facility dated 1/ . The surveyor noted that the licensed space for the ALF included only the three in the ALF building and that the floor plan and notes indicated that "outside " are "bed and breakfast completely separate from ALF."

Unclassified

0007-Admissions - Criteria 58A-5.0181(1) FAC

Based on observation, interview and record review, the facility failed to insure that one of five sampled residents (Resident #5) was appropriate for admission to an assisted living facility. Specifically, the facility admitted a

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resident who was bedridden and had 3 and 4.

Findings include:

On , the surveyor reviewed the health assessment (AHCA form 1823) dated for Resident #5. The surveyor noted that on page 2 of the health assessment, section C asks if the resident has any of the following conditions. For a communicable , the medical provider had checked "yes" and written " in feet." When it asks about " 3 or 4 ,", the medical provider had checked "yes" and written "feet." When it asks if the resident "requires 24 hour nursing or care", the medical provider had checked "yes" and written "nursing care."

On that same date at approximately 11:15 AM, the surveyor observed Resident #5 in his bed. The surveyor observed a Hoyer lift in the . When interviewed at 11:15 AM that same date, Resident #5 stated that if he is physically up to it, he will sit up in his wheelchair but does not get up every day. Resident #5 said he spends the majority of time in bed and eats his meals in bed. Resident #5 also said it requires two staff to assist with the Hoyer lift to get him out of bed into a wheelchair. Resident #5 further stated that he had on his feet and on his . Resident #5 also stated that he had a and the administrator assisted him with it.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation, interview and record review, the facility failed to follow procedures described in F.S. 429.256 for assistance with self-administration by staff. Specifically, the facility pre-poured medications for 5 of 5 residents (Residents #1-5) into pill organizers ahead of time, signed the medication observation record (MOR) ahead of time and then designated unlicensed staff to deliver the medication to the residents at the prescribed time. This failure to practice safe medication practices placed the residents at risk of harm through medication errors.

Findings include:

On , the surveyor reviewed the MORs for Residents #1-5. The surveyor observed that all of the MORs were signed through and the word "prefilled" was written on the MORs.

On that same date at approximately 10:30 AM, the surveyor interviewed Employee A. Employee A stated that she previously gave medication to the residents and signed the MORs. However, she stated that for the last week, the administrator had been assisting with providing medication to all of the residents. Employee A stated when the administrator was out of the building, the administrator set up the medications for Residents #1-5 in pill organizers and signed the MORs. Employee A stated that when the administrator was out of the building, Employee A would carry the pill organizers to the residents at the prescribed time. Employee A stated that she had previously taken training in assistance with self-administration of medication but her certificate had expired in 2012 and she has not completed a 2-hour update.

On that same date at approximately 10:45 AM, the surveyor observed the medication cart. The surveyor observed that Residents #1-5 each had a drawer in the medication cart. Each drawer had a pill organizer

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prefilled with medications. Employee A identified each pill organizer as being set up for each resident.

On that same date at approximately 11:00 AM, the surveyor interviewed the administrator by telephone. The administrator confirmed that she is a registered nurse and stated that she is assisting with self-administration for all of the facility's residents. The administrator stated that when she is away from the facility, she prefills the pill organizers with pills for each resident and stated that she signs the MORs ahead of time.

Class II

0120-Fiscal - Financial Stability 58A-5.021(1) FAC

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation, interview and record review, the facility failed to maintain a safe living environment in compliance with local fire codes for five of five sampled residents (Residents #1-5). The facility was operating in violation of multiple fire codes, including having the primary facility exit inaccessible to residents. The facility's multiple violations placed the residents at risk of harm in a fire.

Findings include:

During a visit to the facility conducted on _____ at 9:15 AM, the surveyor observed that the fire alarm next to the front door was in the "pull" position, with the lever lowered.

On that same date at approximately 9:45 AM, the surveyor interviewed the facility's owner by telephone. The owner confirmed that the fire alarm was not operational and stated that a fire inspection had been conducted at the facility the previous day.

On that same date at approximately 9:18 AM, the surveyor observed that the front door of the facility was locked and facility staff had to enter a code to open the front door.

On that same date at 10:40 AM, the surveyor reviewed the report from the fire inspection conducted at the facility on _____. According to the report, the inspection was unsatisfactory and had violations in the areas of fire alarms, interconnected smoke detectors and doors and windows being available as fire escapes. The report noted that the front door is the primary evacuation route and can't be unlocked with a keypad. The report further stated that "Above violations may cause fire, contribute to the spread of fire or cause undue injury in the event of fire. Violations must be corrected immediately."

On that same date at approximately 4:10 PM, the surveyor interviewed the fire inspector who conducted the inspection by telephone. The fire inspector confirmed the findings of the report and stated that he was most concerned about the ability of the facility to evacuate residents during a fire. The fire inspector stated that when the fire alarm is operational, it triggers the smoke alarms throughout the building in the event of a fire but this is currently not happening due to the alarm being in the "pulled" position. The fire inspector stated that there were windows in two of the resident _____ that did not open. The fire inspector further stated that the front door had to be unlocked by a code on a keypad and this was in violation of the fire code and would prevent the timely evacuation of residents. The fire inspector further noted that one of the residents (Resident #5) was unable to get out of bed on his own and it would be difficult to assist him in evacuating. The fire inspector pointed out that

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all five residents require some type of assistive device to ambulate and will require time and assistance to get out of the facility. The fire inspector stated that his agency would likely be conducting an unannounced fire drill in addition to doing a follow up inspection.

On that same date at 11:15 AM, the surveyor interviewed the current administrator by telephone. The administrator acknowledged the findings.

Class II



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

....., 2013

Administrator
Southern Comfort Inn ACR
2409 West Ravine Drive
Ruskin, FL 33570

Dear Administrator:

This letter reports the findings of a state licensure revisit survey that was conducted on, 2013, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

..., 2013

Administrator
Southern Comfort Inn Assisted Living
2409 West Ravine Drive
Ruskin, FL 33570

Dear Administrator:

This letter reports the findings of a revisit survey conducted on ..., 2013, by a representative of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within **five business days** of receipt of this mailed report.

The inspection resulted in findings of non-compliance in the following areas:

- St - A - 0004 - 58a-5.016 Fac - Licensure - Requirements S-S= D
- St - A - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
- St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= G
- St - A - 0120 - 58a-5.021(1) Fac - Fiscal - Financial Stability S-S= D
- St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= G

Directed Corrective Actions:

1. The Assisted Living Facility is required to employ or contract with a Registered Nurse (RN) consultant to audit the facility's medications, medication records, and medical supplies required to meet the needs of the residents. The RN consultant will also re-train any facility staff providing assistance with self-administration medication on correct medication practices, using the 2012 Assistance with Self-Administration Medication Guide released by the Department of Elder Affairs and available on their website at: <http://elderaffairs.state.fl.us/doea/publications.php>. **This shall be completed within 14 days from the date of this letter.**
2. The Assisted Living Facility is required to ensure that the physical plant is in compliance with local fire codes. This must be documented by an inspection from your local fire inspection authority. **This shall be completed within 14 days from the date of this letter.**
3. The Assisted Living Facility is required to ensure all residents of your facility will be living in designated for assisted living and each resident must be assigned to a the assisted living section of the facility. No assigned living residents can live in unlicensed space.





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

This shall be completed within 14 days from the date of this letter.

4. The Assisted Living Facility is required to ensure all residents of your facility have an updated face-to-face health assessment by their health care provider, documented on AHCA form 1823, indicating whether their needs can be met in an assisted living facility. **This shall be completed within 14 days from the date of this letter.**

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please call Catherine Anne Avery, Survey and Certification Support Branch, at (850) 412-4505.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

